

ATTACHMENT 5

Drug Products Requiring Paper Prior Authorization

Paper prior authorization (PA) request submission is required to determine medical necessity for the following drugs. Diagnosis and information regarding the medical requirements for these drug categories must be provided on the PA request.

Note: This information is Wisconsin Medicaid's most current information and may be updated periodically.

Drug Products That Require Paper Prior Authorization Submission
Alitretinoin gel (when used to treat Kaposi's sarcoma lesions)
Brand medically necessary drugs
Diagnosis-restricted drugs that require PA outside approved diagnoses
Drugs without signed manufacturer rebate agreements*
Enteral nutrition products
Fertility enhancement drugs (when used to treat conditions other than infertility)
Human growth hormone
Impotence treatment drugs (when used for a condition other than impotence)
Unlisted or investigational drugs*

*Wisconsin SeniorCare will not cover prescription drugs, even with a PA request, that do not have a signed rebate agreement between the Department of Health and Family Services and the manufacturer; however, these drug products may be covered for Wisconsin Medicaid recipients if a paper PA request is submitted to Wisconsin Medicaid.